

Date run : 8/14/01 10:38:07AM
Run by : P DURANT

LOS ANGELES COUNTY FIRE DEPARTMENT

Clerical Facility Update

Report # : 5301
Page # : 7
Version 8.14

OWNER FILE INFORMATION

DATE UPDATED: 08/14/2001 10:38:07A BY: P DURANT

Owner ID: OW0029134
Owner Name: FRANCINE RIPPY
Owner DBA:
Owner Address: 12471 E WASHINGTON BLVD
WHITTIER, CA 90602
Ownership Type:
Work/Business Phone: 562-698-9801
Billing/Mailing Address: 12471 E WASHINGTON BLV
WHITTIER, CA 90602
ATTN/Care of: FRANCINE H RIPPY

Tax ID :

FACILITY FILE INFORMATION

Facility ID: FA0029134
Facility Name: FRED R RIPPY INC
No. of Employee: 38
Site Location: 12471 E WASHINGTON BLVD
WHITTIER, CA 90602
Phone: 562-698-9801
Mailing Address: 12471 E WASHINGTON BLV
WHITTIER, CA 90602
Operator/Care of:
District: SE - SOUTHEAST
City Code: WHIT
CUPA Jurisdiction: CO
Operation Hours:
SIC Code: 3544
Business Type / Code:
Station (Code 1): 028
D & B #:
Date 1 (D1):

Email Address:

NOB:

GENERAL HEALTH PROGRAM ELEMENTS

Record ID #	Program Element	Current Status	EPA #	Effective Date D1 (Beg.) & C1 (End)	Designated Employee	Last Inspection Date
PR0008054	3001 - HM HANDLER, FEE GROUP 01	Active, billable		01/01/99	EE0000089	01/05/2000
PR0037302	1003 - HW GEN, 20-100 EMPLOYEES	Active, billable		05/25/00	EE0000089	01/05/2000



**LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION**
5825 Rickenbacker Road, Commerce, CA 90040

HAZARDOUS MATERIALS STATE REPORTING FORMS

Attached are your Annual Hazardous Materials Reporting forms. These forms are to be completed and returned to this Department on or before December 31. Failure to complete and return these forms by December 31, may result in fines and penalties. If you require assistance in completing these forms, please feel free to contact the Los Angeles County Fire Department, Health Hazardous Materials Division, Data Operations Unit at (323) 890-4000, Monday through Friday 9:00 A.M. to 4:00 P.M.

To avoid late penalties, this Department recommends use of CERTIFIED MAIL to ensure delivery of these forms before the December 31 deadline. Sign and date the Annual Certification Section below and keep a copy of the entire package for your records.

ANNUAL RE-CERTIFICATION PROCEDURE

Attached is this Department's latest computer print-out of your chemical inventory information. Carefully review and correct any information that may be incorrect or obsolete by crossing-out and writing in the changes. *If you handle Regulated Substances (RS) at or above threshold quantities, you must submit a Regulated Substance Registration for each RS for each process.* Check the appropriate box(es) below that (most) corresponds to your facility's information.

- ☐ **Delete:** If you no longer handle the chemical(s) listed on the chemical inventory computer print-out WRITE DELETE across the discontinued chemical inventory computer print-out(s).
- ☐ **Add:** If you are handling new chemical(s) not previously disclosed. MAKE COPIES OF CHEMICAL DESCRIPTION FORM AND COMPLETE all information on the form. If applicable, complete the Regulated Substance Registration form (one form per chemical).
- ☐ **Revise/Update:** If there are corrections to your inventory information, cross out the errors and CLEARLY PRINT the corrections directly onto the inventory computer print-out.
- ☒ **No Change:** Mark this Box if there are no changes to the current inventory.
- ☐ **Regulated Substance Registration:** If you are handling a Regulated Substance not previously disclosed, you must also COMPLETE the Regulated Substance Registration form. A list of Regulated Substances is attached for reference.

ANNUAL CERTIFICATION

DEC 09 2000

I certify under penalty of law that I have personally examined the information submitted herein and believe the submitted information is true, accurate, and complete. Enclosed is our chemical inventory.

CARRIE J. SAFIAN
Print Name of Document Preparer

FRANCINE H. RIPPY
Print Name of Owner/Operator

Francine H. Rippy
Signature of Owner/Operator

019-999-005309
FRED R RIPPY INC
12471 E WASHINGTON BL
WHITTIER CA 90602
4 8 28

12471 E. WASHINGTON BLVD., WHITTIER, CA
Facility/Site Address

12/7/2000
Date



UNIFIED PROGRAM (UP) FORM BUSINESS OWNER/OPERATOR IDENTIFICATION

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☐ REVISE/UPDATE (EFFECTIVE / /)

PAGE OF

I. IDENTIFICATION

FACILITY ID#	019-999-005309	BEGINNING DATE	1/1/2000	ENDING DATE	12/31/2000
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			BUSINESS PHONE		
FRED R. RIPPY, INC.			562-698-9801		
BUSINESS SITE ADDRESS					
12471 E. WASHINGTON BLVD.					
CITY	WHITTIER	CA	ZIP CODE	90602	
DUN & BRADSTREET			SIC CODE (4 digit #)	3469	
COUNTY LOS ANGELES			UNINCORPORATED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BUSINESS OPERATOR NAME			BUSINESS OPERATOR PHONE		
FRANCINE H. RIPPY			562-698-9801		

II. BUSINESS OWNER

OWNER NAME	FRANCINE H. RIPPY	OWNER PHONE	562-698-9801
OWNER MAILING ADDRESS			
12471 E. WASHINGTON BLVD.			
CITY	WHITTIER	STATE CA	ZIP CODE 90602

III. ENVIRONMENTAL CONTACT

CONTACT NAME	VIRGIL L. VIG	CONTACT PHONE	562-698-9801
CONTACT MAILING ADDRESS			
12471 E. WASHINGTON B LVD			
CITY	WHITTIER	STATE CA	ZIP CODE 90602

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	VIRGIL L. VIG	NAME	FRANCINE H. RIPPY
TITLE	GENERAL MANAGER	TITLE	OWNER
BUSINESS PHONE	562-698-9801	BUSINESS PHONE	562-698-9801
24-HOUR PHONE	Exemption 6: Privacy	24-HOUR PHONE	Exemption 6: Privacy
PAGER #		PAGER #	

V. ADDITIONAL LOCALLY COLLECTED INFORMATION

NUMBER OF EMPLOYEES	38	FEDERAL TAX IDENTIFICATION NUMBER	95-2041097
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MAILING/ BILLING INFORMATION

ADDRESS	12471 E. WASHINGTON BLVD	CITY	WHITTIER	STATE CA	ZIP CODE 90602
ATTN:					

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
<i>Francine H. Rippy</i>	12/7/00	CARRIE J. SAFIAN
NAME OF SIGNER (print)	TITLE OF SIGNER	
FRANCINE H. RIPPY	OWNER	

OFFICIAL USE ONLY	INSPECTOR	HW	HM	DISTRICT	INSPECTION DATE	DIV	BATT	STA	
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**INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM
Business Owner/Operator Identification (Form 2730)**

Please submit the Business Activities page, the Business Owner/Operator Identification page (Form 2730), and Hazardous Materials - Chemical Description pages (Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. **BUSINESS NAME** Enter the full legal name of the business.
100. **BEGINNING DATE** Enter the beginning year and date of the report. (YYYYMMDD, ex. 2000/01/31)
101. **ENDING DATE** Enter the ending year and date of the report. (YYYYMMDD, ex. 2000/12/31)
102. **BUSINESS PHONE** Enter the phone number, area code first, and any extension.
103. **BUSINESS SITE ADDRESS** Enter the street address where the facility is located. No post office box numbers are allowed.
104. **CITY** Enter the city or unincorporated area in which the business site is located.
105. **ZIP CODE** - Enter the zip code of the business site. The extra 4 digits in the zip code may also be added.
106. **DUN & BRADSTREET** Enter the Dun and Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by visiting Dun and Bradstreet on the internet at www.dnb.com.
107. **SIC CODE** Enter the primary Standard Industrial Classification Code number for primary business activity. Report only the first four digits.
108. **COUNTY** Enter the county in which the business site is located.
109. **BUSINESS OPERATOR NAME** Enter the name of the business operator.
110. **BUSINESS OPERATOR PHONE** Enter business operator's phone number including any extension, if different from the business phone.
111. **OWNER NAME** Enter name of the business owner, if different from the business operator.
112. **OWNER PHONE** Enter the business owner's phone number if different from the business phone, area code first, and any extension.
113. **OWNER MAILING ADDRESS** Enter the owner's mailing address if different from the business site address.
114. **OWNER CITY** Enter the name of the city for the owner's mailing address.
115. **OWNER STATE** Enter the 2 character state abbreviation for the owner's mailing address.
116. **OWNER ZIP CODE** Enter the zip code for the owner's address. The extra 4 digits in the zip code may also be added.
117. **ENVIRONMENTAL CONTACT NAME** Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
118. **CONTACT PHONE** Enter the phone number at which the environmental contact can be contacted including any extension.
119. **CONTACT MAILING ADDRESS** Enter the mailing address where all environmental contact correspondence should be sent.
120. **CITY** Enter the name of the city for the environmental contact's mailing address.
121. **STATE** Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. **ZIP CODE** Enter the zip code for the environmental contact's mailing address. The extra 4 digits in the zip code may also be added.
123. **PRIMARY EMERGENCY CONTACT NAME** Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. **TITLE** Enter the title of the primary emergency contact.
125. **BUSINESS PHONE** Enter the business number for the primary emergency contact, area code first, and any extensions.
126. **24-HOUR PHONE** Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. **PAGER NUMBER** Enter the pager number for the primary emergency contact, if available.
128. **SECONDARY EMERGENCY CONTACT NAME** Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. **TITLE** Enter the title of the secondary emergency contact.
130. **BUSINESS PHONE** Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. **24-HOUR PHONE** Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. **PAGER NUMBER** Enter the pager number for the secondary emergency contact, if available.
- 133a. **UNINCORPORATED AREA** Check "Yes" if your facility is located in an unincorporated area of the County (ex. East LA, Marina Del Rey etc.).
- 133b. **NUMBER OF EMPLOYEES** Enter the number of employees working at your facility.
- 133c. **TAX IDENTIFICATION NUMBER (TIN)** Enter your business's tax identification number or social security number. The TIN number may be obtained from the Internal Revenue Service (IRS).
- 133d. **MAILING/BILLING ADDRESS** Enter the address that all correspondence and bills should be sent.
- 133e. **MILING/BILLING CITY** Enter the city for the mailing/billing address.
- 133f. **MAILING/BILLING STATE** Enter the 2 character state abbreviation for the mailing/billing address.
- 133g. **MAILING/BILLING ZIP CODE** Enter the zip code for the mailing/billing address. The extra 4 digits in the zip code may also be added.
- 133h. **ATTN:** Enter the name of the person or department responsible for preparing the documents
134. **DATE** Enter the date that the document was signed. (YYYYMMDD, ex. 2000/01/31)
135. **NAME OF DOCUMENT PREPARER** Enter the full name of the person who prepared the inventory submittal information.
136. **NAME OF SIGNER** Enter the full printed name of the person signing the page.
- SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE** The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies the signer is familiar with the information submitted, and based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the information is true, accurate and complete.
137. **TITLE OF SIGNER** Enter the title of the person signing the page.



Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

FACILITY IDENTIFICATION			
BUSINESS NAME FRED R. RIPPY, INC.		3	FACILITY ID # 1 19-999-005309
SITE ADDRESS 12471 E. WASHINGTON BLVD.		103	CITY WHITTIER
		104	ZIP CODE 105 90602

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- ❖ Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- ❖ Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- ❖ Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641). These forms are not included in this packet.

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

A COPY OF THE EMERGENCY PROCEDURES AND THE INJURY AND ILLNESS PREVENTION PROGRAM IS POSTED

ON THE EMPLOYEE BULLETIN BOARD.

I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.

Printed Name of Owner/ Operator
FRANCINE H. RIPPY

Title of Owner/Operator
OWNER

Signature of Owner/ Operator

Date

12/7/2000

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY		DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

ADVISORY

The site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. The contingency plan shall be reviewed, and immediately amended, if necessary, whenever:

- ❖ the plan fails in an emergency,
- ❖ the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- ❖ the list of emergency coordinators changes, or
- ❖ the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

UST owners/operators be advised that the local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found in Section II of the Consolidated Contingency Plan.



Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN
SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION					
BUSINESS NAME FRED R. RIPPY, INC.				3	FACILITY ID # 1 19-999-005309
SITE ADDRESS 12471 E. WASHINGTON BLVD.		103	CITY WHITTIER		104
ZIP CODE 105 90602					
II. EMERGENCY CONTACTS					
PRIMARY			SECONDARY		
NAME	123	NAME		128	
CAROL CASTILLO		GIL VILLARUELL			
TITLE	124	TITLE		129	
CONTROLLER		SAFETY MANAGER			
BUSINESS PHONE	125	BUSINESS PHONE		130	
562-698-9801		562-698-9801			
24-HOUR PHONE	126	24-HOUR PHONE		131	
PAGER #	127	PAGER #		132	
III. EMERGENCY RESPONSE PLANS AND PROCEDURES					
A. Notifications					
Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call: <div style="text-align: center;">FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 911</div>					
AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services. Local Unified Program Agency: (323) 890-4045 State Office of Emergency Service: (800) 852-7550 or (916) 262-1621 National Response Center: (800) 424-8802					
Information to be provided during Notification:					
<ul style="list-style-type: none"> ❖ Your Name and the Telephone Number from where you are calling. ❖ Exact address of the release or threatened release. ❖ Date, time, cause, and type of incident (e.g. fire, air release, spill etc.) ❖ Material and quantity of the release, to the extent known. ❖ Current condition of the facility. ❖ Extent of injuries, if any. ❖ Possible hazards to public health and/ or the environment outside of the facility. 					
B. Emergency Medical Facility					
List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material.					
HOSPITAL/CLINIC: PRESBYTERIAN INTERCOMMUNITY HOSPITAL				PHONE NO: 562-698-0811	
ADDRESS: 12401 E. WASHINGTON BLVD.					
CITY: WHITTIER, CA				ZIP CODE: 90602	
OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA
				PA	

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C. Private Emergency Response

DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? ☐ Yes ☒ No

If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.

CLEANUP/DISPOSAL CONTRACTOR

List the contractor that will provide cleanup services in the event of a release.

NAME OF CONTRACTOR:

PHONE NO:

ADDRESS:

CITY:

ZIP CODE:

D. Arrangements With Emergency Responders

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

IN THE EVENT OF A HAZARDOUS SITUATION, A LONG CONTINUOUS BLAST ON THE OUTSIDE BUZZER IS A SIGNAL FOR ALL EMPLOYEES TO EVACUATE THE BUILDING AND SURROUNDING AREA. USING THE CLOSEST AND SAFEST EXIT FOLLOWING THE EMERGENCY PROCEDURES.

E. Evacuation Plan

1. The following alarm signal(s) will be used to begin evacuation of the facility (check all which apply):

☐ Verbal ☐ Telephone (including cellular) ☐ Alarm System ☐ Public Address System ☐ Intercom
☐ Pagers ☐ Portable Radio ☒ Other (specify) **LOUD CONTINUOUS BLAST ON OUTSIDE BUZZER**

2. ☐ Evacuation map is prominently displayed throughout the facility.

3. ☒ Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:

CAROL CASTILLO

F. Earthquake Vulnerability

Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

☐ Hazardous Waste/ Hazardous Materials Storage Areas ☐ Production Floor ☐ Process Lines
☐ Bench/ Lab ☐ Waste Treatment ☐ Other:

Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

☐ Utilities ☐ Sprinkler Systems ☐ Cabinets ☐ Shelves
☐ Racks ☐ Pressure Vessels ☐ Gas Cylinders ☐ Tanks
☐ Process Piping ☐ Shutoff Valves ☐ Other:



**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G. Emergency Procedures

Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:

1. **PREVENTION** (prevent the hazard) – Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.

ACCUSTAMP AND SAF-WAY LUBE – MAY CAUSE MILD IRRITATION TO SKIN. ALL EMPLOYEES ARE INSTRUCTED IN PROPER USE AND HANDLING.

ACETYLENE AND OXYGEN – INHALATION / ASPHYXANT. RESTRICTED USE TO 1 OR 2 EXPERIENCED EMPLOYEES ONLY.

2. **MITIGATION** (reduce the hazard) – Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?

ACCUSTAMP AND SAF-WAY LUBE – PRODUCT IS STORED IN CLOSED CONTAINER. SPILL CONTAINING EQUIPMENT IS AVAILABLE TO DIKE AREA TO CONTAIN SPILL.

ACETYLENE AND OXYGEN – STORED IN WELL VENTILLATED AREA. SHUT OFF FLOW IF WITH OUT RISK.

3. **ABATEMENT** (remove the hazard) – Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?

ACCUSTAMP AND SAF-WAY LUBE – RECOVER SPILL WITH ABSORBENT MATERIAL. PLACE IN SEALED CONTAINER. DISPOSE FOLLOWING MATERIAL SAFETY DATA SHEET INSTRUCTIONS.

ACETYLENE AND OXYGEN – REMOVE ALL SOURCES OF IGNITION IF WITHOUT RISK. REDUCE VAPORS WITH FOG OR FINE WATER SPRAY.

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Location *	4. Description**
Personal Protective, Equipment, Safety Equipment, And First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits (describe)		
	<input type="checkbox"/> Face Shields		
	<input checked="" type="checkbox"/> First Aid Kits/Stations (describe)		STANDARD ISSUE
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type)		
	<input type="checkbox"/> Respirator Cartridges (describe)		
	<input type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
Fire Extinguishing Systems	<input type="checkbox"/> Other (describe)		
	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguisher Systems (describe)	ON SITE MAP	
Spill Control Equipment and Decontamination Equipment	<input type="checkbox"/> Other (describe)		
	<input type="checkbox"/> Absorbents (describe)		
	<input type="checkbox"/> Berms/Dikes (describe)		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Emergency Tanks (describe)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinders Leak Repair Kits (describe)		
	<input type="checkbox"/> Neutralizers (describe)		
	<input type="checkbox"/> Overpack Drums		
Communications And Alarm Systems	<input type="checkbox"/> Sumps (describe)		
	<input type="checkbox"/> Other (describe)		
	<input type="checkbox"/> Chemical Alarms (describe)		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input type="checkbox"/> Telephones		
Additional Equipment (Use Additional Pages if Needed.)	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
	<input type="checkbox"/> Other (describe)		

* Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.

** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.



Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

V. EMPLOYEE TRAINING

All facilities which handle hazardous materials must have a written employee training plan. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

Facility personnel are trained as follows:

- ❖ Familiarity with all plans and procedures specified in the Contingency Plan.
- ❖ Methods for Safe Handling of Hazardous Materials.
- ❖ Safety procedures in the event of a release or threatened release of a hazardous material.
- ❖ Use of Emergency Response equipment and supplies under the control of the business.
- ❖ Procedures for Coordination with local Emergency Response Organizations.

Training shall be provided:

- ❖ Initially for all new employees.
- ❖ Annually, including refresher courses, for all employees.

Note: These training programs may take into consideration the position of each employee.

Additional training should include:

- ❖ Internal alarm/notification procedures.
- ❖ Evacuation/re-entry procedures and assembly point locations.
- ❖ Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical to which employees may be exposed, including routes of exposure (*i.e. inhalation, ingestion, absorption*).

VI. HAZARDOUS WASTE GENERATOR TRAINING

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

EMPLOYEE TRAINING	
❖	Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility.
❖	Employees will not handle hazardous wastes without supervision until trained.
TRAINING DOCUMENTATION	
The owner or operator must maintain the following documents and records at the facility:	
❖	Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s).
❖	Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position).
❖	Description of <i>type</i> and <i>amount</i> of both introductory and continuing training given to each employee.
❖	Records that document that the requirements for training or job experience have been met.
❖	Current employees' training records (to be retained until closure of the facility).
❖	Former employees' training records (to be retained at least three years after termination of employment).

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Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SITE MAP

A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

1. Site Plan: This drawing shall contain, at a minimum, the following information:

- a. Site Orientation (north, south, etc.);
- b. Approximate scale (e.g. "1 inch = 10 feet");
- c. Date the map was drawn;
- d. Locations of all buildings and other structures;
- e. Parking lots and internal roads;
- f. Hazardous materials loading/unloading areas;
- g. Outside hazardous materials storage or use areas;
- h. Storm drain and sanitary sewer drain inlets;
- i. Wells for monitoring of underground tank systems;
- j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
- k. Adjacent property use;
- l. Locations and names of adjacent streets and alleys;
- m. Access and egress points and roads.

2. Storage Map(s): The map(s) shall contain, at a minimum, the following information:

- a. General purpose of each section/area within each building (e.g. "Office Area", "Manufacturing Area", etc.);
- b. Location of each hazardous material/waste storage, dispensing, use, or handling area (e.g. *individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.*). Each area shall be identified by a unique location code number, letter, or name (e.g. "1", "2", "3", "A", "B", "C", etc.);
- c. Entrances to and exits from each building and hazardous material/waste room/area;
- d. Location of each utility emergency shut-off point (i.e. gas, water, electric.);
- e. Location of each monitoring system control panel (e.g. *underground tank monitoring, toxic gas monitoring, etc.*).

3. Map Legend

Item and/or Description	Location Code (LC)
MSDS STORAGE LOCATION	MSDS
EVACUATION / STAGEING AREAS	E / S
HAZARDOUS MATERIAL STORAGE / HANDLING AREA	HMS
FIRE HYDRANTS	Y
FIRE EXTINGUISHER	+
ELECTRICAL PANEL	(E)
GAS SHUT-OFF	(G)
WATER SHUT-OFF	(W)

SITE MAP

BUSINESS NAME FRED R. RIPPY, INC.			3
SITE ADDRESS 12471 E. WASHINGTON BLVD		103	CITY WHITTIER
		104	ZIP CODE 90602
DATE MAP DRAWN - -		MAP #	FACILITY ID # 019-999-005309
			1

	A	B	C	D	E	F	G	H	I	J
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

SEE ATTACHED MAP

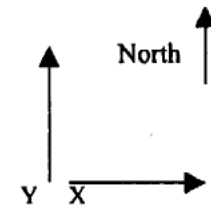
For Site Map

- Scale of Map
- Loading Areas
- Parking Lots
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets and Alleys
- Access and Egress Points and Roads
- Primary and Alternate Evacuation Routes

For Sub-Site Map

- Scale of Map
- Location of Each Storage Area
- Location of Each Hazardous Material Handling Area
- Location of Emergency Response Equipment

Scale:
1" = ____ Ft.



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LOS ANGELES COUNTY FIRE DEPARTMENT HAZARDOUS MATERIAL SITE MAP

RETURN THIS COMPLETED ORIGINAL
(SEE BACK FOR EXAMPLE)

	A	B	C	D	E	F	G	H	I	J
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
	A	B	C	D	E	F	G	H	I	J
BUSINESS NAME FRED R. RIPPY, INC.										
ADDRESS 12471 E. WASHINGTON BLVD WHITTIER, CA 90602										
ZIP CODE 90602										
I.D.# 019-999-005309										

LAYOUT LEDGEND

- INSIDE STORAGE LOCATION
- EVACUATION/STAGING AREAS
- HAZARDOUS MATERIALS STORAGE/HANDLING AREA
- FIRE HYDRANT
- FIRE EXTINGUISHER
- ELECTRICAL PANEL
- GAS SHUT-OFF
- WATER SHUT-OFF



UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (FORM 2731)

(One page per material per building or area)

☐ ADD ☐ DELETE ☒ REVISE REPORTING YEAR 2000 Page 1 of 4

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

FRED R. RIPPY, INC.

CHEMICAL LOCATION

BACK OF SHOP - NORTHWEST CORNER

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO

FACILITY ID

1 9 9 9 9 0 0 5 3 0 9

MAP# (optional)

GRID# (optional)

II. CHEMICAL INFORMATION

CHEMICAL NAME

SAF WAY LUBRICANT

TRADE SECRET ☐ Yes ☒ No

If Subject to EPCRA, refer to instructions

COMMON NAME

EHS*

☐ Yes ☐ No

CAS#

64741-97 5

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CLUPA)

HAZARDOUS MATERIAL TYPE (Check one item only)

☐ a. PURE

☐ b. MIXTURE

☐ c. WASTE

RADIOACTIVE ☐ Yes ☐ No

CURIES

PHYSICAL STATE (Check one item only)

☐ a. SOLID

☒ b. LIQUID

☐ c. GAS

LARGEST CONTAINER 55 GAL

FED HAZARD CATEGORIES

(Check all that apply)

☒ a. FIRE

☐ b. REACTIVE

☐ c. PRESSURE RELEASE

☐ d. ACUTE HEALTH

☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

65 GAL

MAXIMUM DAILY AMOUNT

65 GAL

ANNUAL WASTE AMOUNT

65 GAL

STATE WASTE CODE

F001

UNITS*

(Check one item only)

☒ a. GALLONS

☐ b. CUBIC FEET

☐ c. POUNDS

☐ d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE:

365

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

☐ a. ABOVEGROUND TANK

☐ c. PLASTIC/NONMETALLIC DRUM

☐ i. FIBER DRUM

☐ m. GLASS BOTTLE

☐ q. RAIL CAR

☐ b. UNDERGROUND TANK

☐ f. CAN

☐ j. BAG

☐ n. PLASTIC BOTTLE

☐ r. OTHER

☐ c. TANK INSIDE BUILDING

☐ g. CARBOY

☐ k. BOX

☐ o. TOTE BIN

☒ d. STEEL DRUM

☐ h. SILO

☐ l. CYLINDER

☐ p. TANK WAGON

STORAGE PRESSURE

☐ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

STORAGE TEMPERATURE

☐ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

☐ d. CRYOGENIC

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1 VARIABLE

MINERAL OIL

☐ Yes ☒ No

64741-97-5

2

☐ Yes ☐ No

3

☐ Yes ☐ No

4

☐ Yes ☐ No

5

☐ Yes ☐ No

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (FORM 2731)
(One page per material per building or area)

☐ ADD ☐ DELETE ☒ REVISE REPORTING YEAR 2000 200 Page 2 of 4

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)
FRED R. RIPPY, INC.

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202
SOUTHWEST CORNER OF WAREHOUSE

FACILITY ID # 1 9 9 9 9 0 0 5 3 0 9 1 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 ACETYLENE TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS* ☐ Yes ☐ No 208

CAS# 74-86-2 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211 RADIOACTIVE ☐ Yes ☒ No 212 CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214 LARGEST CONTAINER 111 CU FT 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☒ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 111 CU FT MAXIMUM DAILY AMOUNT 218 111 CU FT ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220 FO01

UNITS* (Check one item only) ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221 DAYS ON SITE: 365 222
* If EHS, amount must be in pounds.

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

☐ a. ABOVEGROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☒ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (FORM 2731)

(One page per material per building or area)

☐ ADD ☐ DELETE ☒ REVISE REPORTING YEAR 2000 ²⁰⁰ Page 3 of 4

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

FRED R. RIPPY, INC.

CHEMICAL LOCATION

NORTHWEST CORNER OF SHOP

²⁰¹ CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO ²⁰²

FACILITY ID

1 9 9 9 9 0 0 5 3 0 9

²⁰³ MAP# (optional)

²⁰⁴ GRID# (optional)

II. CHEMICAL INFORMATION

CHEMICAL NAME

ACCUSTAMP VANISHING OIL

²⁰⁵ TRADE SECRET ☐ Yes ☒ No ²⁰⁶

If Subject to EPCRA, refer to instructions

COMMON NAME

²⁰⁷ EHS* ☐ Yes ☐ No ²⁰⁸

CAS#

²⁰⁹ *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL TYPE (Check one item only)

☐ a. PURE

☒ b. MIXTURE

☐ c. WASTE

²¹¹ RADIOACTIVE ☐ Yes ☒ No ²¹²

²¹³ CURIES

PHYSICAL STATE (Check one item only)

☐ a. SOLID

☒ b. LIQUID

☐ c. GAS

²¹⁴ LARGEST CONTAINER 55 GAL ²¹⁵

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE

☐ b. REACTIVE

☐ c. PRESSURE RELEASE

☐ d. ACUTE HEALTH

☐ e. CHRONIC HEALTH ²¹⁶

AVERAGE DAILY AMOUNT

165 GAL

²¹⁷ MAXIMUM DAILY AMOUNT

165 GAL ²¹⁸

ANNUAL WASTE AMOUNT

²¹⁹ STATE WASTE CODE

F001 ²²⁰

UNITS*

(Check one item only)

☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS

* If EHS, amount must be in pounds.

²²¹ DAYS ON SITE:

365 ²²²

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

☐ a. ABOVEGROUND TANK

☐ e. PLASTIC/NONMETALLIC DRUM

☐ i. FIBER DRUM

☐ m. GLASS BOTTLE

☐ q. RAIL CAR

☐ b. UNDERGROUND TANK

☐ f. CAN

☐ j. BAG

☐ n. PLASTIC BOTTLE

☐ r. OTHER

☐ c. TANK INSIDE BUILDING

☐ g. CARBOY

☐ k. BOX

☐ o. TOTE BIN

☒ d. STEEL DRUM

☐ h. SILO

☐ l. CYLINDER

☐ p. TANK WAGON ²²³

STORAGE PRESSURE

☐ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT ²²⁴

STORAGE TEMPERATURE

☐ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

☐ d. CRYOGENIC ²²⁵

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

¹ VARIABLE ²²⁶ ALIPHATIC HYDROCARBON ²²⁷

☐ Yes ☒ No ²²⁸

8052-41-3 ²²⁹

² VARIABLE ²³⁰ MINERAL OIL ²³¹

☐ Yes ☒ No ²³²

64741-97-5 ²³³

³ ²³⁴

²³⁵

☐ Yes ☐ No ²³⁶

²³⁷

⁴ ²³⁸

²³⁹

☐ Yes ☐ No ²⁴⁰

²⁴¹

⁵ ²⁴²

²⁴³

☐ Yes ☐ No ²⁴⁴

²⁴⁵

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION ²⁴⁶

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (FORM 2731)
(One page per material per building or area)

☐ ADD ☐ DELETE ☒ REVISE REPORTING YEAR 2000 200 Page 4 of 4

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

FRED R. RIPPY, INC.

CHEMICAL LOCATION

SOUTHWEST CORNER OF WAREHOUSE

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO

FACILITY ID #

1 9 9 9 9 0 0 5 3 0 9

MAP# (optional)

GRID# (optional)

II. CHEMICAL INFORMATION

CHEMICAL NAME
OXYGEN

TRADE SECRET ☐ Yes ☒ No
If Subject to EPCRA, refer to instructions

COMMON NAME

EHS* ☐ Yes ☐ No

CAS#

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL TYPE (Check one item only)

☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE

RADIOACTIVE ☐ Yes ☒ No

CURIES

PHYSICAL STATE (Check one item only)

☐ a. SOLID ☒ b. LIQUID ☐ c. GAS

LARGEST CONTAINER 154 CU FT

FED HAZARD CATEGORIES (Check all that apply)

☐ a. FIRE ☒ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

MAXIMUM DAILY AMOUNT

ANNUAL WASTE AMOUNT

STATE WASTE CODE

154 CU FT

154 CU FT

FO01

UNITS*

☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE:

365

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> a. ABOVEGROUND TANK | <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> i. FIBER DRUM | <input type="checkbox"/> m. GLASS BOTTLE | <input type="checkbox"/> q. RAIL CAR |
| <input type="checkbox"/> b. UNDERGROUND TANK | <input type="checkbox"/> f. CAN | <input type="checkbox"/> j. BAG | <input type="checkbox"/> n. PLASTIC BOTTLE | <input type="checkbox"/> r. OTHER |
| <input type="checkbox"/> c. TANK INSIDE BUILDING | <input type="checkbox"/> g. CARBOY | <input type="checkbox"/> k. BOX | <input type="checkbox"/> o. TOTE BIN | |
| <input type="checkbox"/> d. STEEL DRUM | <input type="checkbox"/> h. SILO | <input checked="" type="checkbox"/> l. CYLINDER | <input type="checkbox"/> p. TANK WAGON | |

STORAGE PRESSURE

☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE

☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1

226

227

☐ Yes ☐ No

228

229

2

230

231

☐ Yes ☐ No

232

233

3

234

235

☐ Yes ☐ No

236

237

4

238

239

☐ Yes ☐ No

240

241

5

242

243

☐ Yes ☐ No

244

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

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